> DO NOT DETACH

PLEASE TYPE OF	RPRINT	Entered previous May Show
☐ Ms. ☑ Mr. Artist_//		RUONER I no
Permanent Address		(Last Name Last
Stree		721 1569
Zip 4410 k Temporary or Studio Address		
Str	eet Tel. ( )	City
Zip	Area Code	
	n which cou	one of the counties of the nty were you born?
If May Show entrie	(If Any	
Artist will pick  Museum shoul  Museum shoul  to this addre	d dispose of, d ship to art	
DBR 3 4	91-8062	7
Special Instruction When necessary in how the object is t	clude below	instructions or a drawing of led and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Mot Brother

ACCEPTED DO NOT WRITE IN ACCEPTED RECEIVED THIS SECTION REJECTED DATE